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Bib Data Sheet

CONFIRMATION NO. 4369

SERIAL NUMBER 09/252,330	FILING DATE 02/18/1999 RULE	CLASS 348	GROUP ART UNIT 2612	ATTORNEY DOCKET NO. ZL-0140	
APPLICANTS ROBERT R. WALLS, SANTA BARBARA, CA; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/10/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
ADDRESS GENE WARZECHA LINVATEC CORPORATION 11311 CONCEPT BOULEVARD LARGO, FL 33773					
TITLE SHOCK RESISTANT CAMERA					
FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____		

SERIAL NUMBER 09/252,330	FILING DATE 02/18/99	CLASS 348	GROUP ART UNIT 2712 2662	ATTORNEY DOCKET NO. ZL-0140
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APPLICANT

ROBERT R. WALLS, SANTA BARBARA, CA.

CONTINUING DOMESTIC DATA***

VERIFIED

lu

371 (NAT'L STAGE) DATA***

VERIFIED

lu

FOREIGN APPLICATIONS***

VERIFIED

lu

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/10/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials <u>lu</u> Initials _____					

ADDRESS	GENE WARZECHA LINVATEC CORPORATION 11311 CONCEPT BOULEVARD LARGO FL 33773
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TITLE	SHOCK RESISTANT CAMERA
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FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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